FILE NOW: FILING FEE IS \$61.25

NONPROFIT *CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 705086

(7)

Mailing Address

FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND FLOR IDA, INC.

509 E PENNSYLVANIA AVE. DELAND FL 32724			509 e pennsylvania ave. Deland fl 32724							
							3. Date Incorporated or Qualified 3a. Date of t 01/21/1963 05/0			,
Principal Place of Business			2a. Mailing Address			4. FEI Numbe		······	Α	pplied For
21		26				59-09	14204			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate	of Status Desired	XX		Additional lequired
City & State	1	26					ampaign Financir Contribution	Ja 🗅	,	May Be to Fees
Zip 24	25 Cour	29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Add	Iress of Current Reg		10. Name and Address of New Registered Agent						
320 F AY	r, byron w /Esbury cir fl 32720			81 82 83	Street Addr	HITE SR. ress (P.O. Box Num 064 Torchy	nber is Not Acce	ptable)		
				84		eLand		FI	_ 85 Zip	Code 2724
or register	ed agent, or both, in ti	he Stale of Florida. Su	617.1508, Florida Statutes ch change was authorized 7.0503, Florida Statutes.	s, the above- d by the corp	named corpor	ration submits this	statement for the reby accept the	e purpose of ch appointment a	nanging its re	gistered office
SIGNATURE .	Signature, typed or printed na-	me of rejustered about and the	it agricophia (NOTI	- Resistand from	it signature require	d when rainel it nat		DATE		
12.	Ogrados, speci os prividos la	OFFICERS AND DIR		13.	1 agriata e radura		CHANGES TO		D DIRECTOR	3S IN 12
TITL€	T		∑ DELETE	11 TITLE	PI				Change	☐ Addition
NAMÉ	BLOMBERG, HE	rbert		1.2 NAME		intz, Rick	•		_	
STREET ADDRESS	2344 WINDERME			1.3 STREET	ADDRESS 39	9 Lyon Dri	ve			
CITY - ST - ZIP	ORANGE CITY, I			1.4 CHY-S		eLand, Flo		32724		
TITLE	PD		IX DELETE	21 TITLE	Vi				Change	Addition
NAME	NEHRIG, PAUL			2 2 NAME	Ma	aloney, Jo	an			
STREET ADDRESS		VOODS PARKWAY	2		ADDRESS 6	07 Cherry	e			
CITY - ST - ZIP	DELOEN SPRING	SS FL 32130		2 4 CHTY-	ST-ZIP DO	eLand, Flo	rida	32724		
TITLE	9		⊠ DELETE	3.1 TITLE	S				Change	☐ Addition
NAME	KELLY, NORMAN	l		3 2 NAME	Š.	truble, Ma	ry Lou			
STREET ADDRESS	244 BAXTER			3 3 STREET	ADDITION -	785 North				
CITY-ST-ZIP	LAKE HELEN FL			3 4 CITY-	ST-ZIP DO	e Land, Fl	orida	32724		
TITLE	D		™ DELETE	4.1 TITLE	T				Change	☐ Addition
NAME	Ferrell, Sue			4. 2 NAME	Ma	aloney, Fr	ank			
STREET ADDRESS	200 WEST MICH	IGAN AVE		4.3 STREET	ADDRESS 6	07 Cherry	Tree Lan			
CITY-ST-ZIP	DELAND FL			4 4 CITY - S	it-zip Di	eLand, Flo	rida	32724		
TITLE	S		™ DELETE	5.1 TITLE	D				(X) Change	Addition
NAME	roe, olaf			52 NAME	K	elly, Norm	nan			ļ
STREET ADDRESS	450 N MCDONA	LD AVE		5 3 STREET	ADORESS 2	44 Baxter	Road			
CITY-ST-ZIP	DELAND FL			5 4 CITY - 9	it-zip La	ake Helen,	<u>Flo</u> rida	32744		
TITLE			▼ DELETE	6 1 TITLE	D			'	Change	Addition
NAMÉ				62 NAME		ornwell, J				
STREET ADDRESS				63STREET	ADDRESS 6	00 E. Minn	nesota Av	enue		
CITY ST. 7IP				SACITY S		eland F1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rick Rintz January 23, 1996

904-734-4441

CR2E037 (12/95)